

NON-RESIDENT PHARMACY NEW APPLICATION INSTRUCTIONS

General Information

- License renewal period is May 1-June 30.
- All licenses will expire June 30. There is no grace period.
- For current South Dakota Statutes and Rules, go to <https://doh.sd.gov/boards/pharmacy/>, under Quick Links are law book link options.
- License fee is \$200.
- Payment methods – Mastercard or Visa **ONLY**.
- User ID and password must be unique for each licensed pharmacy once license is approved/issued.

You must complete the entire application process from start to finish in one sitting

- Online system does not retain any information entered until the application has been submitted with payment process is complete.
- Have all of your information and copies of documents for upload ready before beginning the application process.

Required Documents to be Uploaded

- Current home state license, its equivalent, or a written explanation why one is not available. (A primary source verification does not fulfill this requirement).
- Most recent inspection conducted within the last 4 years by the home state regulatory or other inspecting entity. If inspection is not available, provide an explanation as to why.
- Documentation of corrections of all inspection report non-compliance noted by the home state regulatory or other inspecting entity.
- DEA certificate if dispensing controlled substances.
- Notarized Pharmacist-in-Charge Affidavit. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- Notarized Supplemental Affidavit must be completed if pharmacist-in-charge is not the sole owner of merchandise and fixtures. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- A written description of the pharmacy's business describing the prescription drugs and services provided to patients. This is a prepared document by the pharmacy that will need to be uploaded.
- A list of other state(s) entity is licensed in.

Change of Ownership

- Along with above information, provide a diagram/listing of previous ownership structure and new ownership structure

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

Once the new license is approved/issued, a profile account will need to be set up.

- Instructions to set up a profile account are at the end of this manual (beginning on page 9).
- For the profile account, a unique User ID and password for each licensed pharmacy will need to be established.
- Retain User ID/password to have ability to access the licensing platform when needed.

After the license is approved/issued and the profile account is set up, you will be able to do the following:

- To check application status
- Print pharmacy license (instructions on page 11)
- Print a payment receipt (instructions on page 11)

Licensure status can also be verified at:

- Verification page: <http://doh.sd.gov/boards/pharmacy/verification.aspx>

Application for New Nonresident Pharmacy (NRP) User Manual

Instructions:

1. Click on the link below for initiating a new Nonresident (NRP) Pharmacy License. **Please Bookmark this page.**
<https://sdbop.igovsolution.com/initial/initial/initial.aspx?id=57>
2. Below page will open with instructions:

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- DEA certificate if dispensing controlled substances.
- Notarized Pharmacist-in-Charge Affidavit. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- Notarized Supplemental Affidavit if pharmacist-in-charge is not sole owner of merchandise and fixtures. Link to document: <http://doh.sd.gov/boards/pharmacy/pharmacies.aspx>.
- A complete description of type of pharmacy practice (i.e. retail, hospital, compounding, central fill, central processing, etc. including a description of the prescription drugs and services provided to patients in South Dakota).
- Other states licensed in.

Change of Ownership

- Along with above information, provide a diagram/listing of previous ownership structure and new ownership structure

After Application Submission Information

After your application has been submitted, the Board will:

- Review the application
- Email licensing contact if additional information is needed
- Approve or deny the application

You must log back into the account at https://sdbop.igovsolution.com/online/User_login.aspx

- To check application status
- Print license
- Print a receipt

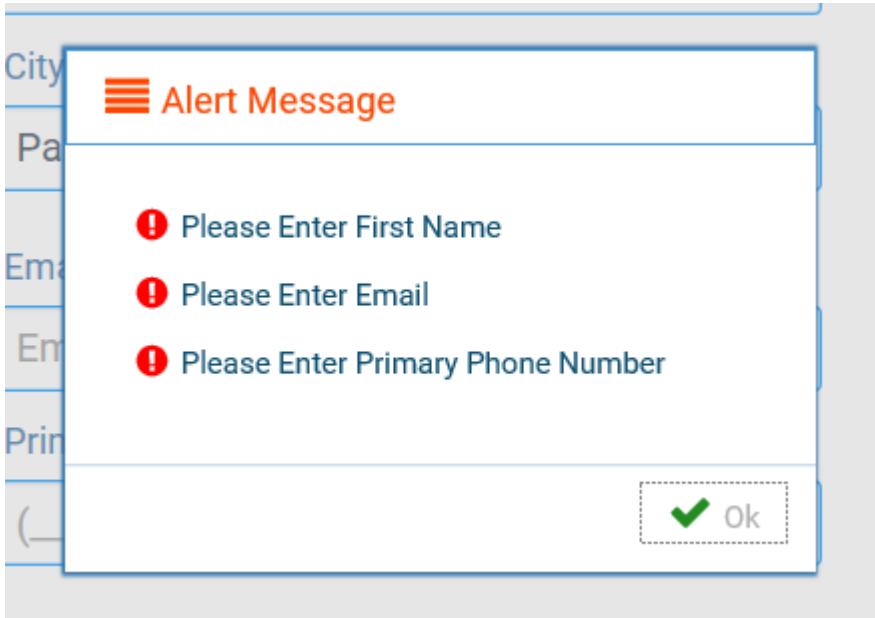
Application status can also be done at:

Be sure to read all the instructions on this screen and click on any links provided on the page for more information. Then click on Next button to continue.


General Note


1) Mandatory fields are marked with a red * in all screens and all those have to be entered before clicking on next


2) If mandatory fields are not entered, you will get an alert message that alerts to enter those fields like below:





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 **Alert Message**

 Please Enter First Name

 Please Enter Email

 Please Enter Primary Phone Number

 Ok

3. Complete application:

- Click on Next button to begin the application.
- Select New (if it's Change of Ownership then select the appropriate type)

NEW OR CHANGE OF OWNERSHIP APPLICATION

* What type of application is this (select one):

☒ New

☐ Change of Ownership

PHARMACY INFORMATION

Non-Resident Pharmacy Information

* Legal Name of Business (must be the same as DEA title, if applicable)

* DBA Name (will also appear on SD Non-Resident license)

* Address1

* Zip

Address2

* City

* Pharmacy Email

Address3

* State
Select State

* Phone Number

* County
Select County

Fax Number

* Type of Pharmacy (Check all that apply):
☐ Retail ☐ Independent ☐ Hospital ☐ Sterile Compounding ☐ Non-Sterile Compounding ☐ LTC ☐ Central fill ☐ Central process ☐ Mail Order ☐ Other

Description of Type of Pharmacy Practice including description of the prescription drugs and services provided to patients in South Dakota

* Home State
Select State

Home State license or equivalent document

* Home State License Number

OR

* Home State License Expiration

* Other states licensed in

Pharmacist-in-Charge

* Pharmacist-in-Charge Name

* Pharmacist-in-Charge Email

* Pharmacist-in-Charge Home State License Number

* Pharmacist-in-Charge Phone Number

* Average Hours Worked/Week

Notarized Affidavit affirming Pharmacist-in-Charge understand SD Pharmacy Laws/Rules and intends to abide by the SD Pharmacy Law/Rules.

License Preparer Information

☐ Prepared by Pharmacist-in-Charge

* Preparer Name

* Address1

* Zip

* County
Select County

Preparer Fax Number

* Preparer Title

Address2

* City

* Preparer Email

* Company Name

Address3

* State
Select State

* Preparer Phone Number

- Enter all the required information (marked with red *).
- Select the Type of Pharmacy, select all that apply if you have more than one type of practice
- Attach the Description of Type of Pharmacy Practice.
- Select the Home state from the drop-down menu, enter your Home State License number, Home State License expiration and upload a copy of your home state license or an equivalent document.
- Enter the other states where pharmacy is licensed in either the States names separated by ',' like MN, SD, IA etc. Or, alternatively, a document listing all states licensed in can be uploaded to meet the requirement. If there are no other states, then check the box for No Other states.
- Enter the Pharmacist-in-charge (PIC) License number, PIC name, and PIC email.
- Upload completed and notarized Pharmacist Notarized Affidavit Form.
- If the License preparer is same as PIC, then check the box Yes to the question 'Is Pharmacist In Charge filling out this application?' If answer is No, then enter all the fields.
- Click on Next button.

Home State / DEA License / Inspection:


- Select the Types of Prescription Drugs / Products dispensed. Select all that apply.
- Select the appropriate Inspection. **Note:** If No Inspection, then upload a document stating reason for no inspection.

HOME STATE/DEA LICENSE/INSPECTION

Types of Prescription Drugs/Products Dispensed – Check all that apply

☐ Controlled substances
☐ Noncontrolled prescription drugs ("federal legend")
☐ Nonsterile compounds
☐ Sterile compounds
☐ Consulting services only-no medications dispensed
☒ Other

* Explanation for Other Type of Prescription Drugs/Products Dispensed

Enter explanation 



If **ONLY** medical devices which do not contain a legend drug are being shipped into South Dakota, no license is required.

Inspection

* Type of Inspection:

No Inspection 

Inspection document, if no inspection, please upload a document stating reason why there is none

 Attach Document
  DEA Info.docx 

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Ownership:



- Select the Type of Ownership.
- Based on the selection you will see the different options to add and / or upload the necessary information.
- If you would like to add more than one ownership type (Example: adding 2 or 3 different ownership names under LLC), then use the Click here button to add more details.

OWNERSHIP

* Type of Ownership

☐ Sole Proprietorship
 ☐ Partnership
 ☐ Corporation
☒ LLC
☐ Other

Name and Address of LLC [Click Here](#)

1	Name Of LLC : LLC1	Address1 : A1	Address2 :	Address3 :	Zip : 70091	City : Venice	State : LA	Phone Number : (222) 222-2222	
2	Name Of LLC : LLC2	Address1 : A2	Address2 :	Address3 :	Zip : 22101	City : Mc Lean	State : VA	Phone Number : (222) 222-2222	

Partner/member/officer Information [Attach Document](#)

Is pharmacist-in-charge sole owner of merchandise and fixtures? ☐ Yes ☐ No

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- Attach the supporting partner/member/officer document(s)
- Answer 'Is pharmacist-in-charge sole owner of merchandise and fixtures' Yes or No.
 - If question is answered 'no', upload completed and notarized Notarized Supplement to Application Form.
- Click Next

Employees:

- Select the employees (Staff Pharmacists, Technicians, Interns), if there are None select the option None
- You can either enter the names of the employees by Click Here To Add More pharmacist/technician/intern button, or alternatively, use the Attach document button upload option to upload a listing of all the employees and the employee's information
- Click Next

EMPLOYEES

☒ Staff Pharmacists
☐ None

Click Here To Add More For Staff Pharmacists

Or Upload List Below

☐ Registered Technicians currently working at this location
☐ None

☐ Pharmacist Interns currently working at this location
☐ None

Full Listing of Pharmacists, Technicians, and Interns

Attach Document

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Prescription Drug Monitoring Program (PDMP):

- Answer the PDMP questions

PRESCRIPTION DRUG MONITORING PROGRAM (PDMP)

Reporting to the South Dakota Prescription Drug Monitoring Program (SD PDMP) is required per SDCL 34-20E and ARSD 20:51:32. However, a waiver/exemption from reporting to the SD PDMP can be requested. A waiver/exemption can be applied for if this pharmacy provides services for in-patient care only, never dispenses any controlled substances (Schedule II, III, IV-includes CV), or is a medical facility that dispenses an interim quantity on an outpatient emergency basis (not to exceed a 48 hour supply). If this pharmacy does not practice any of these exemption options, then this pharmacy MUST report to the South Dakota Prescription Drug Monitoring Program.

☐ This pharmacy may dispense controlled substances in schedules II III and/or IV (includes federally scheduled CV) in or into the State of South Dakota and DOES NOT qualify for a waiver/exemption as described above. This pharmacy WILL REPORT to the SD PDMP.
☒ This pharmacy does qualify for a waiver/exemption as described above and requests a waiver/exemption from reporting to the SD PDMP.

Request for Waiver/Exemption from PDMP Reporting (Check all that apply):

☒ Dispenser is a medical facility that dispenses for in-patient care and may dispense an interim quantity of controlled substances not exceeding a 48-hour supply on an outpatient emergency basis.
☒ Dispenser NEVER dispenses ANY controlled substances in Schedule II, III and IV (includes CV) in or into the State of South Dakota. Provide an explanation.
☒ Other

* Dispenser NEVER dispenses ANY controlled substances in Schedule II III and IV (includes CV) in - Provide an explanation

Explanation

* Explanation(Other)

Explanation(Other)

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- Click Next

Regulatory questions:

- Answer the Regulatory questions and if answered Yes, explanation(s) **must** be added and **must** upload the supporting document(s).

REGULATORY QUESTIONS

Have you, or any other managing officer, director, owner, or member, plead guilty, no contest, or received a suspended imposition of sentence for a felony or other criminal offense (excluding minor traffic violations)? ☒ Yes ☐ No

* Explanation

Management Discipline Documentation

Has the pharmacy been disciplined in the last four (4) years? ☒ Yes ☐ No

Attach Pharmacy Disciplinary Documents

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- Click Next

Application Preview page:

- Review the application in this screen before moving to the Payment page. After completing the application, you will be able to review the application for any errors and correct the information by clicking on Previous buttons and correct in the appropriate screens.
- Use the vertical scroll bar to scroll it down to view.

APPLICATION INPUT PREVIEW

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Required Documents to be Uploaded

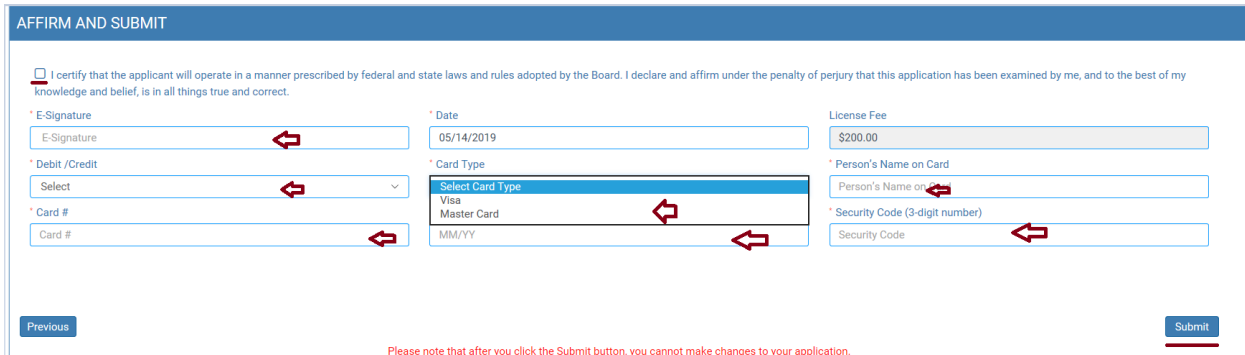
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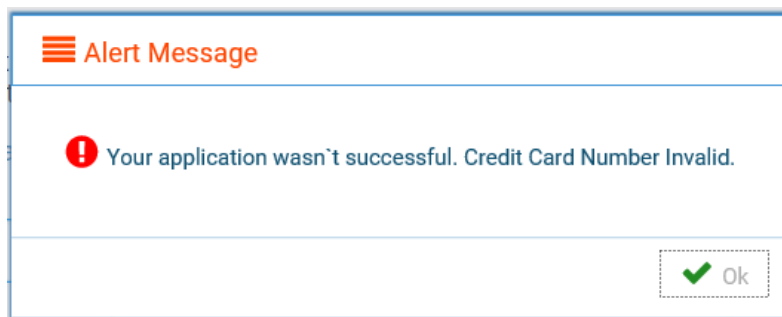
[Next](#)

Affirm and Submit Page:

- Check the box as shown below
- Fill the E-signature, select the Debit or Credit card, enter the card type (Visa, MasterCard **ONLY**), enter the card number, Expiration date, Security code (the 3 digits CVV code on your credit card) and click Submit



- You will get confirmation number if successful
 - If you entered any invalid information, you will see a message indicating that your card was invalid.



Click on Ok and reenter the correct information and click on Submit to complete the application.

If submission was successful, you will see a confirmation dialog box with a message indicating that your application was submitted successfully.

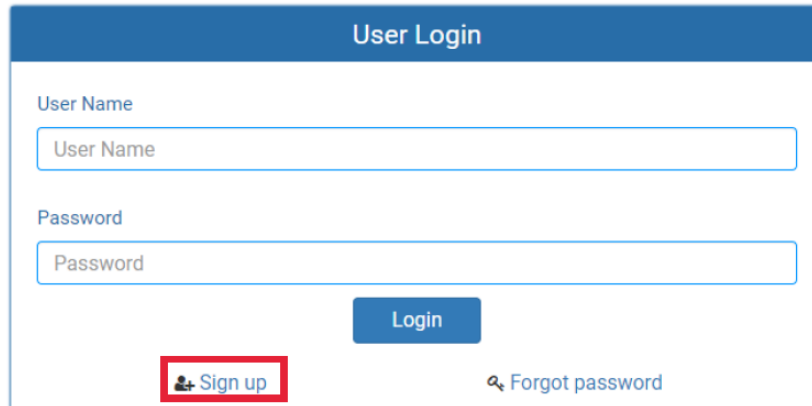
After your application has been submitted, the Board will:

- Review the application
- Email registrant if additional information is needed
- Approve or deny the application

After the new license has been approved/issued:

Once the new license is approved and issued, an Online Business Profile will need to be set up. This will allow the ability to print the facility license and produce a receipt, if desired. Click on this link to begin the process: (https://sdbop.igovsolution.com/online/User_login.aspx) Click on 'Sign up'.

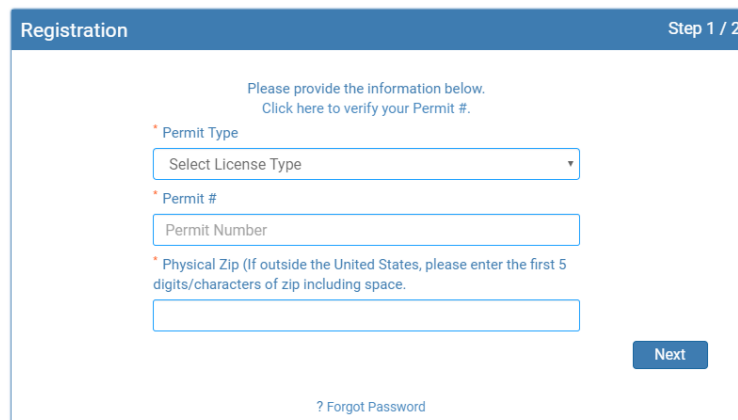
ONLINE BUSINESS PROFILE LOGIN



The form is titled "User Login" and has a blue header. It contains two input fields: "User Name" and "Password". Below the "Password" field is a blue "Login" button. To the left of the "Login" button is a red-bordered button with a person icon and the text "Sign up". To the right of the "Sign up" button is a link that says "Forgot password" with a magnifying glass icon.

1. Sign up:
 - a Click on the Sign-up button in the User Login screen it will take you to the Registration page.

ONLINE BUSINESS PROFILE

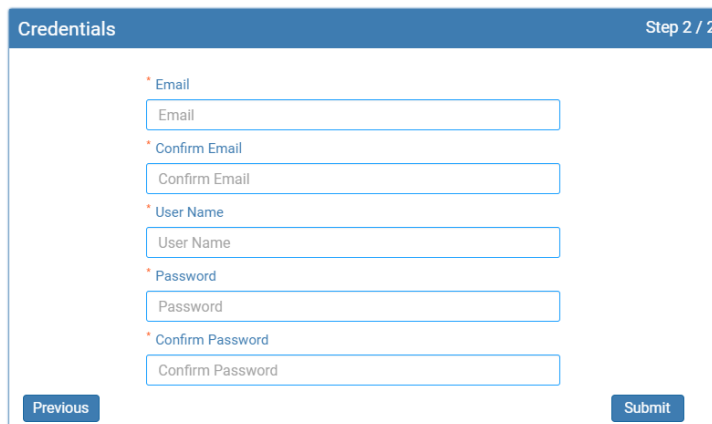


The form is titled "Registration" and has a blue header. It shows "Step 1 / 2". Below the header, it says "Please provide the information below. Click here to verify your Permit #." There are three input fields: "Permit Type" (a dropdown menu with "Select License Type" selected), "Permit #" (a text field with "Permit Number" placeholder), and "Physical Zip" (a text field with a placeholder for the first 5 digits/characters of zip including space). Below the "Physical Zip" field is a blue "Next" button. At the bottom of the form is a link that says "? Forgot Password".

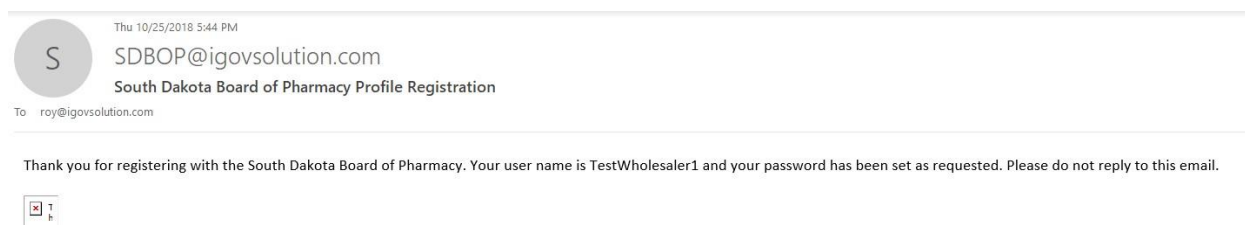
- b Select the permit type from the drop down (in this case select Nonresident)
- c Enter the Permit number (that is printed on your license) **Note:** Enter similar to 400-0000
 - i License number can be found on the verification page:
https://sdbop.igovsolution.com/online/Lookups/LookUp_Business.aspx
- d Then enter the Physical zip of the location / business

- e Click Next and it will take you to the Step 2-- i.e. creating your login credentials, like shown below. Note: Please remember the details that you are entering here in this screen, the email that you are using to register, your user name, and password

ONLINE BUSINESS PROFILE



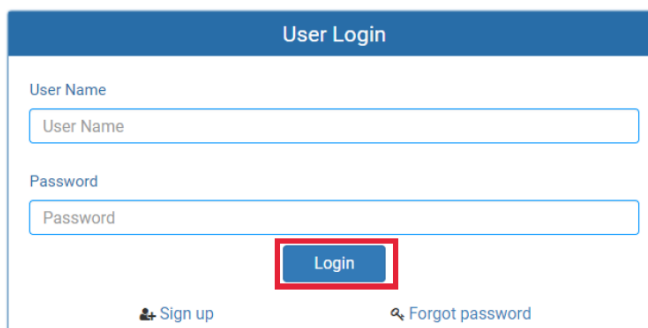
- f Once user registration is successful, an e-mail will be triggered to the e-mail that you provided during your registration with a similar message to what is shown below:



2. Profile Login:

- a. Use the user id and password to login in the Profile page and it will take you to the My Profile page as shown below (https://sdbop.igovsolution.com/online/User_login.aspx):

ONLINE BUSINESS PROFILE LOGIN



- b. To print the facility license, go to the Registration Information section, click on the blue 'Print' under the Certificate column.

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Nonresident	400-0053	02/02/1998	04/26/2019	Current/Active	06/01/2018		Print

- c. To print a receipt, go the section Payment History section, click on the small printer under the receipt column to the right for receipt desired.

Payment History

Receipt #	Payment Method	Date Received	Payer	Amount	Receipt
Filters	Filters	Filters	Filters	Filters	
2019043000002887	Credit Card	04/30/2019	0000	\$200.00	